GUIDELINES

Title: **Guidelines for using the revised Edmonton Symptom Assessment System (ESAS-r)**

Date Approved: **September 16, 2010**

Approved By: **Practice, Development, and Quality Committee**

Purpose

The *ESAS* is a tool that was developed to assist in the assessment of nine symptoms that are common in palliative care patients: pain, tiredness, drowsiness, nausea, lack of appetite, depression, anxiety, shortness of breath, and wellbeing (1). There is also a blank scale for patient-specific symptoms.

The ESAS has been revised to improve ease of understanding and completion for patients (2). The revised version of the tool is known as the *ESAS-r*. Changes include specifying a timeframe of "now", adding definitions for potentially confusing symptoms, modifying the order of symptoms, adding an example for "other symptom", and altering the format for improved readability.

The ESAS-r is intended to capture the *patient's perspective* on symptoms. However, in some situations it may be necessary to obtain a caregiver's perspective. The ESAS-r provides a profile of symptom severity *at a point in time*. Repeated assessments may help to track changes in symptom severity over time. The ESAS-r is *only one part of a holistic clinical assessment.* It is not a complete symptom assessment in itself.

General Information

How to do the ESAS-r

- It is recommended that the patient complete the ESAS-r *with guidance from a health care professional*, especially on the first occasion.
- The patient should be instructed to rate the severity of each symptom on a *0 to 10 scale*, where 0 represents absence of the symptom and 10 represents the worst possible severity. The number should be circled on the scale.
- The patient should be instructed to rate each symptom according to how he or she feels *now*. The health care professional may choose to ask additional questions about the severity of symptoms at other time points e.g. symptom severity at best and at worst over the past 24 hours.
- *Definitions* have been added to items that have been found to be more problematic for patients to understand or rate (3); it is recommended to review these with the patient:

  Tiredness - lack of energy
  Drowsiness - feeling sleepy
  Depression - feeling sad
  Anxiety - feeling nervous
  Wellbeing - how you feel overall

- With the previous version of the ESAS, patients often *reversed the scale for appetite* i.e. they considered "0" as "no appetite" and "10" as "best appetite". The scale has now been re-labeled as "lack of appetite". Coaching patients on the correct direction of the scale is still recommended.
- The *body diagram* on the reverse side of the ESAS-r can be used to indicate sites of pain.
- The circled numbers can be transcribed onto the *ESAS-r graph*.

When to do the ESAS-r

- In palliative home care, it is a good practice to complete and graph the ESAS-r during each telephone or personal contact. If symptoms are in good control, and there are no predominant psychosocial issues, then the ESAS-r can be completed weekly for patients in the home.
- In hospice and tertiary palliative care units, the ESAS-r should be completed daily.
- In other settings, palliative care consultants will utilize this tool upon initial assessment and at each follow-up visit.

Who should do the ESAS-r

- It is preferable for the patient to provide ratings of symptom severity by himself/herself.
- If the patient cannot independently provide ratings of symptom severity but can still provide input (e.g. when the patient is mildly cognitively impaired), then the ESAS-r is completed with the assistance of a caregiver (a family member, friend, or health professional closely involved in the patient's care).
- If the patient cannot participate in the symptom assessment at all, or refuses to do so, the ESAS-r is completed by the caregiver alone. The caregiver assesses the remaining symptoms as objectively as possible. The following are examples of objective indicators:

  Pain – grimacing, guarding against painful maneuvers
  Tiredness – increased amount of time spent resting
  Drowsiness – decreased level of alertness
  Nausea – retching or vomiting
  Appetite – quantity of food intake
  Shortness of breath – increased respiratory rate or effort that appears to be causing distress to the patient
  Depression – tearfulness, flat affect, withdrawal from social interactions, irritability, decreased concentration and/or memory, disturbed sleep pattern
  Anxiety – agitation, flushing, restlessness, sweating, increased heart rate (intermittent), shortness of breath
  Wellbeing – how the patient appears overall

  If it is not possible to rate a symptom, the caregiver may indicate "U" for "Unable to assess" on the ESAS-r and ESAS-r Graph.

- The method of completion of the ESAS-r must be indicated in the space provided at the bottom of the ESAS-r and the ESAS-r Graph as follows:

  Bottom of ESAS-r Numerical Scale
  Completed by *(check one)*:
  ☐ Patient
  ☐ Family caregiver
  ☐ Health care professional caregiver
  ☐ Caregiver-assisted

  Bottom of ESAS-r Graph
  Insert letter from key in date column (date indicated at the top of form)
  Completed by ☐☐☐☐☐☐

  Key:
  P = Patient
  F = Family caregiver
  H = Health care professional caregiver
  A = Caregiver-assisted

Where to document the ESAS-r

- *The ESAS-r is always done on the ESAS-r numerical scale and the results later transferred to the ESAS-r Graph.* Graphing symptom severity directly onto the ESAS-r Graph without the use of the numerical scale is not a valid use of the ESAS-r, nor a reliable method of symptom assessment (attention to the graphed historical trend may affect the current scores and thus undermine one of the main purposes of the ESAS, i.e. to assess the current symptom profile as accurately as possible).

Other information about the ESAS-r

- The ESAS-r Graph contains space to add the patient's Folstein Mini-Mental State Examination score. The "normal" box refers to the cutoff for a normal score for the patient, based on age and education level (see Instructions for MMSE).
- A space for the Palliative Performance Scale (PPS) is also provided.
- The ESAS-r is available in other languages, although most translations have not been validated (4).

References

1. Bruera E, Kuehn N, Miller MJ, Selmser P, Macmillan K. The Edmonton Symptom Assessment System (ESAS): a simple method for the assessment of palliative care patients. J Palliat Care 1991; 7:6-9.

2. Watanabe S, Nekolaichuk C, Beaumont C, Mawani A. The Edmonton Symptom Assessment System: what do patients think? Support Care Cancer 2009; 17:675-683.

3. Watanabe SM, Nekolaichuk C, Beaumont C, Johnson L, Myers J, Strasser F. A multi-centre study comparing two numerical versions of the Edmonton Symptom Assessment System in palliative care patients. J Pain Symptom Manage (accepted).

4. Cancer Care Ontario: Symptom Assessment and Management Tools. http://www.cancercare.on.ca/cms/one.aspx?objectId=58189&contextId=1377.

Additional relevant literature

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Chang VT, Hwang SS, Feuerrman M. Validation of the Edmonton Symptom Assessment Scale. Cancer 2000; 88:2164-2171.

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Moro C, Brunelli C, Miccinesi G, Fallai M, Morino P, Piazza M, Labianca R, Ripamonti C. Edmonton symptom assessment scale: Italian validation in two palliative care settings. Support Care Cancer. 2006; 14:30-37.

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Philip J, Smith WB, Craft P, Lickiss N. Concurrent validity of the modified Edmonton Symptom Assessment System with the Rotterdam Symptom Checklist and the Brief Pain Inventory. Support Care Cancer 1998; 6:539-541.

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Edmonton Symptom Assessment System:
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness *(Drowsiness = feeling sleepy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing *(Wellbeing = how you feel overall)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No _____ Other Problem *(for example constipation)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Patient's Name _____

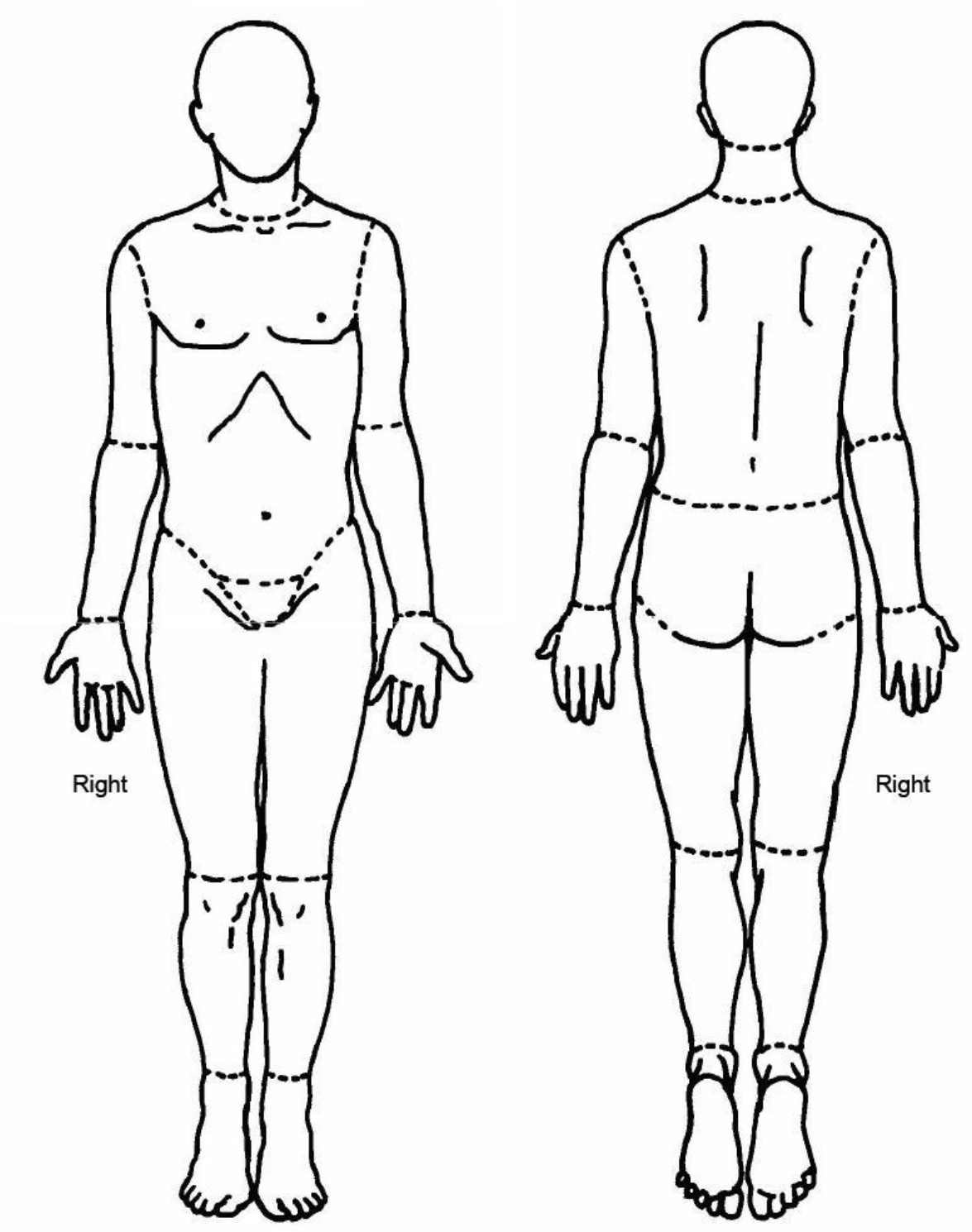
Date _____ Time _____

Completed by (check one):
- ☐ Patient
- ☐ Family caregiver
- ☐ Health care professional caregiver
- ☐ Caregiver-assisted

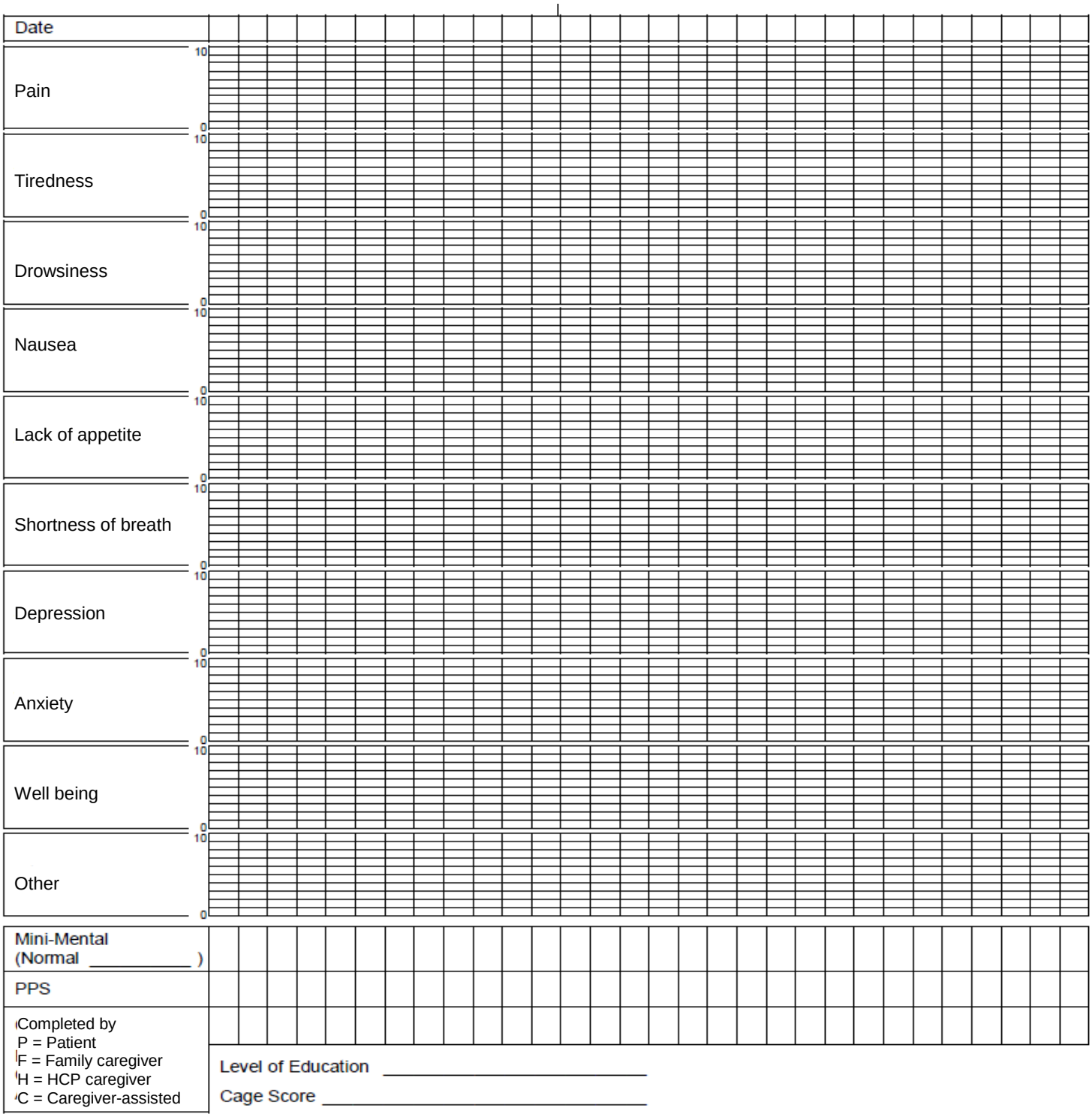
BODY DIAGRAM ON REVERSE SIDE

ESAS-r

Please mark on these pictures where it is that you hurt:



ESAS-r Graph


Date
Pain
Tiredness
Drowsiness
Nausea
Lack of appetite
Shortness of breath
Depression
Anxiety
Well being
Other
10
0
Mini-Mental (Normal _____)
PPS
Completed by
P = Patient
F = Family caregiver
H = HCP caregiver
C = Caregiver-assisted
Level of Education _____
Cage Score _____